

**MASSACHUSETTS DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

**FISCAL YEAR 2008  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
COST/ CONSUMPTION AND HOUSHOLD DATA COLLECTION AND REPORTING  
INSTRUCTIONS**

DHCD is pleased to announce the Fiscal Year 2008 Low Income Home Energy Assistance Program (LIHEAP) end of the year household cost consumption and demographic data collection and reporting schedule. The data collection and reporting schedule involves implementing the following steps at the sub-grantee levels:

**Step 1:**

Notifying all LIHEAP vendors in writing, about the cost consumption portion of the data and providing the DHCD Vendor Data Collection Form (this form can be downloaded from DHCD's website at [www.mass.gov/dhcd](http://www.mass.gov/dhcd)).

**Step 2:**

Obtaining the cost consumption data from all vendors regardless of fuel type using the DHCD provided Vendor Data Collection Form. (Vendors may send a computer-generated list of LIHEAP customers in lieu of a completed Vendor Data Collection Form. However, the list must include all required information as shown on the Form).

**Step 3**

Reviewing the incoming data from deliverable fuel vendors, to determine whether a client was a customer of that vendor for the entire 12-month reporting period. (In certain circumstances, it is possible for a deliverable fuel vendor to have a customer for less than the 12-month reporting period. (The Vendor Data Collection Form should identify households which switch from vendor to vendor after exhausting their benefit. Every effort should be made to collect the non-LIHEAP vendor information to capture the actual heating energy costs).

**Step 4**

Reviewing the information submitted by vendors before entering or merging it into the database and storing hard and electronic copies of the records within agency files. The total annual costs should not include costs for service, service contracts, interest charges, repairs or special delivery fees. Sub-grantees must ensure that these costs are not included in the tabulation of costs for households. If needed, the sub-grantees should require printouts of individual client account records to verify each cost consumption amount.

**Step 5**

Merging the cost consumption data with LIHEAP demographic information, based on DHCD data file format as outlined on the following pages. For the most part, information collected during LIHEAP certification process and cost consumption reporting by vendors will satisfy DHCD reporting standards.

## Step 6

Submitting the sub-grantee authorized LIHEAP cost consumption and demographic data to DHCD via the DHCD-CAA E.Government IT Network located at: <http://dhcd.octopi.org>. This site also can be accessed by visiting DHCD's website located at [www.mass.gov/dhcd](http://www.mass.gov/dhcd) and then by clicking "Online Services". This is a secure (128-bit encrypted) online system, therefore only an authorized person can access and conduct business with DHCD. Usernames and passwords are required.

The online system will be available for data upload on **Monday, July 28, 2008**. DHCD encourages early submissions due to mission critical nature of the information. The cost consumption and demographic and all other year end reports must be submitted by Close of Business on **Monday, August 18, 2008**. Sub-grantees are urged to plan ahead and stay in touch with DHCD from time to time to keep them abreast of any unforeseen data collection and reporting challenges.

The following year end reports are also due by **Monday, August 18, 2008**:

- Margin-Over-Rack Periodic Report
- Fast Track Emergencies Report

The final FY 2008 LIHEAP Monthly Household and Monthly Expenditure Reports are due on Monday October 6, 2008. If requested, all end of the year reports must be resubmitted by this date.

For further detail and process questions, please contact:

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For technical assistance, please contact:

Community Networks Corporation (CNC)  
Attention: Jeff Brown, President  
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## **Fiscal Year 2008 LIHEAP Data Definition and Standards**

### **Vendor Reporting**

- (1) Vendor Name – self explanatory
- (2) Completed by – name of the vendor staff completing the form
- (3) Vendor Contact Person's Name, phone, and e-mail address (if available) – self-explanatory
- (4) Vendor Address: self-explanatory
- (5) Fuel Application Number – self-explanatory
- (6) Vendor Account Number – self-explanatory
- (7) Total Billed Energy Cost and Gallons (if applicable) - Only the value of the product/commodity is to be counted in the total energy costs billed. For example:
  - ❖ Cost of natural gas and electricity at discounted value showing Thermal or Kilowatt Hours (kWh).
  - ❖ Cost and number of gallons of oil at MOR price or discounted price
  - ❖ Cost of and number gallons of kerosene
  - ❖ Cost and number of gallons of propane
  - ❖ Cost of cords of firewood
  - ❖ Cost of tons/pounds of coal

The reporting period for FY 2008 cost consumption data is **April 1, 2007 through March 31, 2008.**

The following is a list of error checks that have been installed in the DHCD file upload system. These are considered fatal errors for application in an uploaded LIHEAP file and will cause the entire file to be rejected. Please double check your file before upload.

- Application status is not either S, E, or D

**The following are for required for eligible and served applications only.**

- New or Recertified Application is not either N or R.
- Gender is not either M or F.
- Zip Code length is not 5.
- Housing Type is not either "01", "02", "03", "04", or "05".
- Own or Rent field is not either "O" or "R"
- Heat Type is not either "01", "02", "03", "04", "05", "06", "07", "08", or "09"
- If household Income dollar amount is greater than zero but No Income Household field is set to "Y".
- If Ethnicity is not "01" or "02"
- If Race is not "01", "02", "03", "04", "05", "06", "07"
- If Health Insurance Type is not "01", "02", "03", or "04"
- If Family Type is not "01", "02", "03", "04", "05", or "06".
- If Subsidy type is not "01", "02", "03", "04", or "05".
- If Total Household Income exceeds LIHEAP Maximum Income in relation to family size.
- If Consumption Benefit Amount exceeds LIHEAP Maximum High Energy benefit.
- If Total Benefit Amount Paid exceeds LIHEAP Maximum Benefit Amount.
- Assessed Value Provided = Y when Assessed Value of 2nd Home > 0 and Assessed Value Provided = N when Assessed Value of 2nd Home = 0.

APPLICATION NUMBER	Text	12
APPLICATION STATUS		
(S = Served – E = Eligible D = Denied)	Text (S/E/D)	1
NEW (N) OR RECERTIFIED (R) APPLICATION	Text (N/R)	1
NUMBER OF YEARS IN FUEL ASSISTANCE	Number	2
LANGUAGE SPOKEN (IF NOT ENGLISH)	Number	2

01 Spanish or Spanish Creole	05 Russian
02 Portuguese or Portuguese Creole	06 Vietnamese
03 Chinese or Cantonese	07 Khmer or Cambodian
04 French or French Creole	08 Other (not listed above)

HOW DID YOU HEAR ABOUT LIHEAP (NEW CLIENTS)	Number	2
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01 Community Agency	05 Energy Bucks
02 Heating Company	06 Word of Mouth
03 Media (Newspaper/TV/Website)	07 Other (not listed above)
04 Utility Company	

LAST NAME	Text	15
LAST NAME SUFFIX (JR, SR) if any	Text	6
FIRST NAME	Text	15
MIDDLE INITIAL	Text	2
SOCIAL SECURITY NUMBER (000-00-0000)	Number	11
DATE OF BIRTH (00-00-0000)	Number	10
AGE FOR THE HEAD OF HOUSEHOLD	Number	3
GENDER OF THE HEAD OF HOUSEHOLD	Number (M/F)	1
DISABLED	Text (Y/N)	1
ELDERLY	Text (Y/N)	1
CHILD 2 YRS AND UNDER	Text (Y/N)	1
CHILD 3-5	Text (Y/N)	1
CHILD 5 YRS AND UNDER	Text (Y/N)	1
STREET NUMBER	Text	10
STREET NAME	Text	25
UNIT NUMBER	Text	5
CITY/TOWN (Use Standard City/Town Name)	Text	25
ZIP CODE (00000)	Number	5

WAGES	Text (Y/N)	1
SELF-EMPLOYMENT	Text (Y/N)	1
SOCIAL SECURITY	Text (Y/N)	1
SUPPLEMENTAL SECURITY INCOME (SSI)	Text (Y/N)	1
TANF	Text (Y/N)	1
EAEDC	Text (Y/N)	1
UNEMPLOYMENT BENEFITS	Text (Y/N)	1
VETERANS BENEFITS	Text (Y/N)	1
RETIREMENT/PENSION/ANNUITIES	Text (Y/N)	1
WORKER'S COMPENSATION	Text (Y/N)	1
INTEREST INCOME/DIVIDENDS	Text (Y/N)	1
RENTAL INCOME	Text (Y/N)	1
ALIMONY/CHILD SUPPORT	Text (Y/N)	1
ODD JOBS	Text (Y/N)	1
OTHER SOURCES OF INCOME	Text (Y/N)	1
INCOME FROM LUMP SUM RECEIPTS	Text (Y/N)	1

NO INCOME HOUSEHOLD  
ETHNICITY

Text (Y/N) 1  
Text (see codes below) 2

01 Hispanic/Latino	02 Non Hispanic/Latino
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RACE

Text (see codes below) 2

01 American Indian/Alaskan Native	04 Hawaiian or Pacific Islander
02 Asian	05 White
03 Black or African American	06 Other (for choices that that are not listed here)

HEALTH INSURANCE TYPE

Text (see codes below) 2

01 Private	03 Medicare
02 Medicaid/MassHealth	04 None

FAMILY TYPE

Number (see codes below) 2

01 Single Family	04 Single Person
02 Two Family	05 Two Adults (no children)
03 Two ParentHousehold	06 Other (for choices not listed here)

FOSTER CARE PARENT  
FOOD STAMP RECEIPT  
VETERAN  
NUMBER IN HOUSEHOLD  
TOTAL HOUSEHOLD INCOME  
TYPE OF HOUSING

Text (Y/N) 1  
Text (Y/N) 1  
Text (Y/N) 1  
Text 2  
Number (2 decimals) 8  
Number (see codes below)

01 – Single Family	04 – Mobile Home
02 – Two Family	05 – Condo
03 – Multi-Family	

NUMBER OF UNITS IN BUILDING  
MONTHLY HOUSING COST  
OWN OR RENT  
LANDLORD'S NAME (LAST, FIRST)  
OWN REAL ESTATE(OTHER THAN PRIMARY RESIDENCE )  
ASSESSED VALUE OF 2<sup>ND</sup> HOME  
ASSESSED VALUE PROVIDED  
HEAT IN RENT  
SUBSIDIZED HOUSING  
SUBSIDY TYPE (IF SUBSIDIZED)

Number 4  
Number (2 decimals) 8  
Text (O/R) 1  
Text 35  
Text (Y/N) 1  
Number 6  
Text (Y/N) 1  
Text (Y/N) 1  
Text (Y/N) 1  
Number (see codes below) 2

01 – HCVP (Section 8)	04 – Other
02 – MRVP	05 – Not Known
03 – AHVP	

SEPARATE ECONOMIC UNIT  
DIRECT PAY CLIENT

Text (Y/N) 1  
Text (Y/N) 1

TYPE OF HEATING

Number (see codes below) 2

01 Heating Oil	06 Propane
02 Natural Gas	07 Electric
03 Coal	08 Heat Included in Rent
04 Kerosene	09 Other
05 Wood	

DISCOUNT UTILITY NAME - 1 Text 25  
 DISCOUNT UTILITY NAME - 2 Text 25  
 DISCOUNT UTILITY NAME - 3 Text 25

PRIMARY HEATING VENDOR NAME Text 25

HEATING SYSTEM NEEDS REPAIR Text (Y/N) 1  
 HOUSE NEEDS WEATHERIZATION Text (Y/N) 1  
 WAP PRIORITY SCORE Number 3

RECEIVED CONSUMPTION BENEFIT Text (Y/N) 1  
 CONSUMPTION BENEFIT AMOUNT Number (2 decimals) 8  
 CONSUMPTION DATA PROVIDED BY VENDOR Text (Y/N) 1  
 COST OF HEATING Number (2 decimals) 8  
 ENERGY CONSUMPTION Number (no decimal) 6  
 ENERGY CONSUMPTION UNIT Number (see codes below) 2

01 – Gallons	04 – BTU
02 – Kilowatt Hours	05 – Cords
03 – Therms/ccf	06 – Not Known

TOTAL BENEFIT AMOUNT PAID Number (2 decimals) 6  
 REMAINING BENEFIT AMOUNT Number (2 decimals) 6  
 RECEIVED EMERGENCY BENEFIT Text (Y/N) 1  
 RECEIVED SECONDARY PAYMENT Text (Y/N) 1  
 BENEFIT CODE Text (see codes below) 1

Homeowners & Non-Subsidized	Subsidized Housing Tenants
A – Up to 100% of FPL	E – Up to 100% of FPL
C – Up to 150 FPL	F – Up to 125% of FPL
B – Up to 125% of FPL	G – Up to 150% of FPL
D – Up to 175% of FPL	H – Up to 175% of FPL
I – Up to 200% of FPL	I – Up to 200% of FPL